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ROAD TO INDEPENDENCE PROGRAM REINSTATEMENT APPLICATION

USE OF FUNDS: For guidance on the type of funding sources to use for each eligibility category, please see the "Independent Living Program Payment Guide and Coding Definitions" booklet – July 2007.

This application is for former Road to Independence Program recipients who met the initial requirements for an award but have been terminated from the program, AND who wish to apply for reinstatement.

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SECTION A: FOR REINSTATEMENT APPLICANTS

The information I am supplying in this application is true, complete and correct. To the best of my knowledge and belief, I am eligible for this program as defined under Florida law.

Applicant's Signature _____

Date _____

NOTICE: If you purposely give false information on this form, you may be subject to a fine or imprisonment or both under Section 837.06, Florida Statutes.

1. Social Security Number: _____

NOTICE: Pursuant to s. 1009.94 and s. 1002.22, Florida Statutes, you must provide us with your social security number. Giving us your social security number helps to determine your eligibility for assistance or services faster and more accurately. Social security numbers are used by the Department for identity verification, income and eligibility verification, and other purposes related to administration of our programs.

2. First Name: _____ MI: _____ Last Name: _____

3. Date of Birth: _____

4. Gender: ☐ Male ☐ Female

If applicable, enter "ext."
and extension number

5. Home Phone #: _____ Work Phone #: _____

6. Email Address: _____

7. Permanent Address: _____ Apt #: _____

8. City: _____ State: _____ County: _____ Zip Code: _____

9. Is Florida your state of legal residence? ☐ Yes ☐ No

10. Current/most recent educational institution: _____

11. Educational institution you plan to attend: _____

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SECTION B: REINSTATEMENT APPLICANT – ACADEMIC BACKGROUND

1. I meet the requirements for reinstatement because I meet one of following criteria:

(Supporting documentation must be attached.)

- a. ☐ I was awarded an Initial Road to Independence Program benefit prior to my 21st birthday;
AND;
- b. ☐ I have been admitted for full-time enrollment in an eligible post-secondary education institution as defined in F.S. 1009.533;
OR;
- c. ☐ I am enrolled full time in an accredited high school program;
OR;
- d. ☐ I am enrolled full time in an accredited adult education program designed to provide me with a high school diploma or its equivalent;
AND;
- e. ☐ I have completed the number of hours considered full-time by my educational institution over the last academic year;
AND;
- f. ☐ I have maintained appropriate progress as required by my educational institution;
AND;
- g. ☐ I am not yet 23 years of age;
AND;
- h. ☐ I have not applied for reinstatement previously.

2. I have provided the following documentation:

- a. ☐ Proof of full-time enrollment in a high school or post-secondary education institution.
 - b. ☐ A written certification from my educational institution that I have completed the number of hours considered full-time by the institution over the last academic year.
 - c. ☐ A written certification from my educational institution indicating that I have maintained appropriate progress as required by the institution.
 - d. ☐ A copy of my driver's license, state issued I.D. card, birth certificate or other form of identification.
 - e. ☐ Other pertinent documentation (list): _____
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CERTIFICATION OF AWARD

This application for "Road to Independence" Program funds has been reviewed and the award has been:

☐ **APPROVED** for the term of one year or until the student's next birthday or until the student has attained an undergraduate degree or two vocational certificates or credentials, which ever comes first, subject to the continued eligibility requirements being met and funds being available. You must renew your award during the 90-day period prior to the one-year term or the 90-day period prior to your next birthday, which ever comes first.

☐ **NOT APPROVED** due to _____

Reviewing Authority Signature_____
Title_____
Date_____
Approval Administrator (if different from above)_____
Title_____
Date**SECTION C: PAYMENT INFORMATION**

If approved, I direct the Department to release funds in the following manner: (select just one option)

☐ I elect to have my current foster/group home parent or provider receive 100% of the RTI Program funds payable in their name for my room, board, and expenses.

Name funds should be payable to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

OR

☐ I elect to have my monthly award payable in 2 (two) separate checks. One check payable to my current foster/group home parent or provider in the amount of \$_____, and another check payable to me in the amount of \$_____.

Name funds should be payable to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

OR

☐ I elect to receive 100% of the monthly RTI Program amount payable directly to me in my name for my room, board and expenses.

I am aware that I may request to change my pay out option at any time but it will take 30 to 45 days for the change to take effect.

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Signature of Student/Applicant_____
Date